L13000105900

(Re	questor's Name)	
(Add	dress)	
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(Cit	y/State/Zip/Phone	÷ #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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Effective Date 08/01/13

07/25/13--01028--009 **160.00

FILED
2013 JUL 25 PH 2: 36
SECRETARY OF STATE
ASSEE, FLORIDA

JUL 2 6 2013 J. BRYAN (850) 245-6051.

COVER LETTER

TO:

Registration Section Division of Corporations

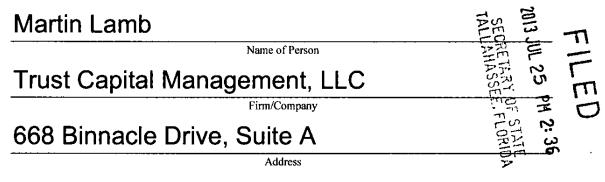
SUBJECT

Trust Capital Partners, LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:



Naples, FL 34103

City/State and Zip Code

mlamb@trustcappartners.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Martin Lamb
Name of Person
Name of Person

at (239) 777-0867
Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

□\$125.00 Filing Fee □\$130.00 Filing Fee &

\$130.00 Filing Fee & Certificate of Status Certified Copy

(additional copy is enclosed)

■ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

Registration Section

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	Fig. 7
The name of the Limited Liability Company is:	TALLAHASSE PARTY OF TALLAHASSE
Trust Capital Partners, LLC	
(Must end with the words "Limited Liabilis	ty Company, "L.L.C.," or "LLC.")
ARTICLE	
ARTICLE II - Address:	Gm
the mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
668 Binnacle Drive	668 Binnacle Drive
Suite A	Suite A
Naples, FL 34103	Naples, FL 34103
The name and the Florida street address of the re	egistered agent are: Effective Date $08/01/3$
Name	
668 Binnacle Drive, Suite A	
Florida street addı	ress (P.O. Box NOT acceptable)
Naples, FL 34103	FL
City, Stat	te, and Zip
liability company at the place designated in the registered agent and agree to act in this capacit all statutes relating to the proper and complete	ccept service of process for the above stated limited his certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of a performance of my duties, and I am familiar with histories agent as provided for in Chapter 608, F.S

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

"MGRM" = Managing Member	Trust Capital Management, LLC 668 Binnacle Drive, Suite A Naples, FL 34103
MGR	Trust Capital Management, LLC
	668 Binnacle Drive, Suite A
	Naples, FL 34103
	Es
<u> </u>	
Tiga attachment if necessary)	
ffective date is listed, the date n or 90 days after the date of filing	n the date of filing: August 1, 2013 . (OPTIONAL) nust be specific and cannot be more than five business g.)
LE V: Effective date, if other than fective date is listed, the date in	nust be specific and cannot be more than five business
LE V: Effective date, if other than ffective date is listed, the date nor 90 days after the date of filing	nust be specific and cannot be more than five business
LE V: Effective date, if other than ffective date is listed, the date nor 90 days after the date of filing	nust be specific and cannot be more than five business
LE V: Effective date, if other than ffective date is listed, the date nor 90 days after the date of filing REQUIRED SIGNATURE:	nust be specific and cannot be more than five business
LE V: Effective date, if other than ffective date is listed, the date nor 90 days after the date of filing REQUIRED SIGNATURE:	nust be specific and cannot be more than five business g.) mber or an authorized representative of a member.
LE V: Effective date, if other than fective date is listed, the date is or 90 days after the date of filing REQUIRED SIGNATURE: Signature of a management of	nust be specific and cannot be more than five business g.)

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)